MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		1				
3		/				
4		/				
5		/				
6		2				
7		2				
8		/				
9		/				
10		/				
11		2				
12		2				
13		/				
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18		/				
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.	3					
TOTAL CLAIMS	36					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						